

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY / PROCEDURE

<b>Policy/Procedure Number:</b> MCCP2020 (previously MCUP3009; MPUG3009; UG100309)			<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> Lactation Policy and Guidelines (formerly Breastfeeding Guidelines)			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/19/2000		<b>Next Review Date:</b> 03/13/2025 <b>Last Review Date:</b> 03/13/2024		
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>		<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>	<input checked="" type="checkbox"/> <b>PAC</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA				<b>Approval Date:</b> 03/13/2024

### I. RELATED POLICIES:

- A. MPXG5009 - Lactation Clinical Practice Guideline
- B. MPCR16 - Lactation Consultant Credentialing Policy
- C. MCUG3118 - Prenatal and Perinatal Care
- D. MCUP3041 - Treatment Authorization Request (TAR) Review Process
- E. MCCP2021 - Women, Infants and Children (WIC) Supplemental Food Program
- F. MCUP3013 – Durable Medical Equipment (DME) Authorization
- G. MCUG3011 – Criteria for Home Health Services
- H. MCNP9006 - Doula Services Benefit
- I. MPCR15 – Doula Credentialing and Re-Credentialing Criteria

### II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services

### III. DEFINITIONS:

- A. Electronic Visit Verification (EVV): A federally mandated telephone and computer-based application program that electronically verifies in-home service visits for Medicaid-funded personal care services and home health care services for in-home visits by a provider. In California, this is known as CalEVV.
- B. Essential Health Benefits - A set of health care service categories that must be covered by certain plans - Categories include, among others, ambulatory patient services, emergency services, hospitalization, maternity and newborn care, and mental health and substance use disorder services.
- C. WIC - Women, Infants and Children Supplemental Nutrition Program - The Special Supplemental Nutrition Program for Women, Infants, and Children - A 100% federally funded program providing nutritious food (via prescriptive checks), individual counseling and nutrition education, breastfeeding promotion and support, and referrals to other needed services to at-risk, low- to moderate-income (up to 185% of the federal poverty level) pregnant, postpartum, and breastfeeding members, children up to the age of five; and parents/guardians and other family members in households with a child under age five.

### IV. ATTACHMENTS:

- A. N/A

### V. PURPOSE:

- A. To support optimal nutrition in the healthy infant by appropriately supporting the parent's efforts to

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initiate and sustain breastfeeding exclusively for about 6 months and with complementary foods (not formula) for at least 12 months per American Academy of Pediatrics (AAP) recommendations.

- B. To give the policy framework around provisions of the Affordable Care Act (ACA), Section 4106a, Women's Health Preventive Services. It is the goal of Partnership HealthPlan of California (PHC) to be fully compliant with this portion of the ACA. This section states that pregnant and postpartum members are eligible to receive the following as preventive services:
1. Comprehensive lactation services including counseling by a trained health care provider or allied health professional during pregnancy and/or the postpartum period.
  2. To have access to breast pumps and breastfeeding equipment and supplies, as indicated to support lactation.

## VI. POLICY / PROCEDURE:

### A. General Breastfeeding Guidelines

1. Introduction: Human breast milk is uniquely specific to the needs of the human infant. Breastfeeding is acknowledged as the preferred method of infant feeding by PHC and the AAP. Research has demonstrated numerous health benefits of breastfeeding. Additional to health benefits breastfeeding also provides social, economic and environmental benefits for both parent and infant.

### B. Promotion and Support of Breastfeeding

1. Lactation Education and Support Services: Each county served by PHC has a local Women Infants and Children (WIC) Nutrition Program that includes lactation education, support and provision of breast pumps, for low-income individuals, including PHC members. All pregnant members should be referred to WIC. Lactation support for PHC members is a shared goal and responsibility of WIC and the health delivery system provided through PHC, by the following providers and support services:
  - a. Primary care providers (PCPs) are encouraged to provide opportunities for members to learn about the advantages of breastfeeding through educational materials. Referrals for all pregnant members to prenatal breastfeeding classes will ensure they have current evidence-based information about breastfeeding.
  - b. Prenatal care providers should specifically assess a pregnant member's knowledge and interest in breastfeeding at the first prenatal visit. Obstetrical care includes documentation of a complete breast exam and anticipatory guidance for any condition that could affect breastfeeding. Education regarding the advantages of breastfeeding should be ongoing. Pregnant members and their families should be referred to a breastfeeding class and have access to one-on-one breastfeeding education prenatally and postnatally. This is especially important for members who are first-time parents or have not breastfed in the past.
  - c. Comprehensive Perinatal Service Programs (CPSP): PHC strongly supports having all pregnant members receive support services provided through CPSP providers, which provide comprehensive assessments as part of their total perinatal care. CPSP providers may provide their own lactation support services or refer to other community resources to provide breastfeeding promotion, education and counseling.
  - d. PHC Population Health: Through specific programs and general case management support, PHC Population Health supports breastfeeding in accordance with current guidelines and evidence-based practices. Members who are planning to breastfeed and need specific resources are encouraged to call for assistance with breastfeeding when wanted.
  - e. Postpartum follow-up: Calls are made to PHC members within the first month after delivery, when possible, to encourage a timely postpartum visit. If needed, referrals are made for lactation assistance, support, education and information.
  - f. Hospitals providing obstetrical care play a key role in supporting successful initiation of breastfeeding. Standards of care for hospitals in this area are fully outlined in the

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UNICEF/WHO Baby Friendly Hospital Initiative) (<https://www.unicef.org/documents/baby-friendly-hospital-initiative>) and will also include:

- 1) The hospital should receive information on the member's prenatal record stating the infant feeding plan. That plan should be confirmed when a member is admitted for delivery.
  - 2) Family centered childbirth practices allowing for early parent-infant contact and breastfeeding within one half-hour of birth as well as rooming in. Hospitals are encouraged to view initiation of breastfeeding as a process accomplished over several days and offer support, assistance, and education accordingly.
  - 3) Newborns should be nursed whenever they show signs of hunger/interest approximately 8-12 times every 24 hours after the first 24 hours. Parents can be encouraged to hold their infants even when not feeding to better assist them as they begin the process of learning and understanding their infant's feeding cues.
  - 4) Members need access to qualified nursing staff and/or International Board Certified Lactation Consultant (IBCLC) to assist with initiation of breastfeeding, evaluate breastfeeding progress and to give ongoing information during the hospital stay.
  - 5) Supplements such as formula should not be given to breastfeeding newborns unless there is an order from the Health Care Provider.
  - 6) Discharge planning includes the assessment of the need for follow-up with WIC, a peer counselor, the infant care office, an IBCLC, home health, or public health nurse visit specifically to assist the parent with breastfeeding. Whenever possible this should occur within 1-2 days of discharge.
  - 7) The lactating parent leaves the hospital with a list of resources for support and assistance with breastfeeding, information on how to tell if the baby is getting enough milk, and referral to a breastfeeding support group.
- g. Infant Care providers should encourage exclusive breastfeeding for about six months and breastfeeding with complementary foods (not formula) for at least 12 months per AAP recommendations. Infant Care providers should consider a referral to a qualified lactation consultant, Home Health Nurse or Public Health Nurse for evaluation before suggesting supplementation with formula or cessation of lactation. Providers need to consider the parent's health and well-being when giving recommendations. If a baby needs to stop feeding at the breast, the parent is to be provided with a breast pump and instructions on how to use it to maintain the milk supply.
- h. Home Health Nurse or Public Health Nurse Visit: All members are eligible to receive Home Health Nurse visits or Public Health Nurse visits after discharge from the hospital for assistance with breastfeeding. It is strongly recommended that home visiting nurses have specific training in lactation/breastfeeding support. The first parent-baby home health visit by a Home Health Nurse does not require prior authorization and subsequent visits are easily available through the authorization process. Public Health Nurse visits do not require authorization and can be ordered in a variety of ways including by notation on the postpartum discharge orders at time of discharge or by contacting the local county Public Health Department.
- 1) Electronic Visit Verification (EVV) Requirements:
    - a) Effective January 1, 2023, as per [APL 22-014](#), EVV requirements must be implemented for all Medi-Cal personal care services and home health care services that are delivered during in-home visits by a provider, which includes visits that begin in the community and end in the home, or vice versa.
    - b) Please refer to policy MCUG3011 Home Health Services for further information on EVV requirements.
  - i. Doulas offer various types of support, including lactation support. For more details, refer to PHC policy MCNP9006 Doula Services Benefit and MPCR15 Doula Credentialing and Re-

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credentialing Criteria.

C. Partnership HealthPlan of California Breastfeeding Services

1. Timing of Lactation Support Services: Lactation Education and Support is different in the prenatal, immediate postpartum (in the hospital), early postpartum (from hospital discharge to 84 days after delivery), and late post-partum periods (from 84 days to 365 days post-delivery). From a PHC standpoint, care during the postpartum period includes two specifically defined postpartum visits, one occurring prior to 21 days after delivery and the second between 21 to 84 days after delivery. This postpartum review and examination includes obtaining a history, performing a physical exam and evaluation of infant feeding. Additionally, earlier post discharge follow-up lactation visits should be encouraged, preferably in the first few days after discharge home. Some parents also need lactation education and support after 84 days post-delivery. Lactation visits independent of the standard postpartum visits are covered by PHC. See billing and codes section for specific requirements.
2. Providers of Lactation support services:
  - a. Basic lactation support services may be provided in a provider office by a medical professional as follows: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Certified Nurse Midwife (CNM), or Licensed Midwife (LM).
    - 1) Providers offering lactation support services will ensure that the services are provided by an individual who has the appropriate education and knowledge.
    - 2) Registered Nurse (RN), Registered Dietician (RD), International Board Certified Lactation Consultants (IBCLC), Lactation Educators and other lactation support staff without additional health professional licensure may provide basic lactation support services under the supervision of a PHC contracted Physician.
  - b. IBCLCs with an underlying health professional licensure (RN, RD, Doctor of Medicine [MD], Doctor of Osteopathic Medicine [DO], CNM, NP, PA) may become contracted/credentialed to provide lactation support services through PHC.
    - 1) Contracted/credentialed IBCLC will ensure that any services provided by an individual within their employment has appropriate education and knowledge.
    - 2) Lactation Educators and other lactation support staff without additional health professional licensure may provide basic lactation support services under the supervision of a PHC contracted /credentialed IBCLC.
    - 3) IBCLCs must be credentialed by the credentials committee, as described under policy MPCR #16 Lactation Consultant Credentialing Policy.
3. Other Health Professionals who are Certified Lactation Consultants or trained Lactation Educators, under the supervision of a PHC contracted/credential IBCLC or provider office, may perform lactation consultation services outside of the hospital setting.
4. Lactation Educators: A Lactation Educator may provide basic lactation education services. The Lactation Educator must always work under the supervision of a PHC contracted/credentialed IBCLC or provider office, who is ultimately responsible for the patients seen by lactation educators.
  - a. If an IBCLC is supervising lactation educators, the following documentation must be maintained in the lactation educator's personnel file:
    - 1) Documentation of successful completion of a basic lactation education program.
    - 2) A letter from their supervising IBCLC describing the training and experience of the Lactation Educator, and the manner in which they are supervised.
  - b. The IBCLC must maintain written protocols for the Lactation Educator, listing:
    - 1) Documentation standards
    - 2) Topics that the Lactation Educator may address
    - 3) Indications for referral to the IBCLC, with standards for timeliness of referrals.
5. Lactation Support Services:

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- a. No Referral Authorization is required for up to 60 calendar days of services; however, a Treatment Authorization Request (TAR) is required for visits after 60 calendar days, with a written treatment plan and specific request for additional visits. These TARs will be reviewed for medical necessity, according to the usual TAR process.
  - b. Services provided in a contracted hospital outpatient services, physician office, IBCLC private office or member's home may be billed to PHC using the S9445 HCPCS code, billed in 15 minute increments, up to a maximum of 4 units per day. In addition, lactation services provided by a Comprehensive Perinatal Service Program (CPSP) after the post-partum member's eligibility for CPSP has expired, may also use the S9445 HCPCS Code.
6. **Breast Pumps:** When breastfeeding is interrupted or discontinued the use of Breast Pumps and alternative feeding fluids may be necessary. If lactating parent is unable to feed the baby at the breast due to a medically based separation or a physical problem of varying duration, and until resolution of any of these problems are achieved, providing a breast pump in a timely fashion is appropriate and a covered benefit.
  - a. Electric breast pumps may be recommended for infants with feeding problems where a lactating parent must be separated from or is unable to nurse the baby. PHC strongly recommends the use of an electric breast pump for adequate maintenance of milk supply when a baby is not able to breastfeed.
  - b. In partnership with local WIC agencies, multi-user electric breast pumps and the breast pump equipment (Kits) are provided through each county's WIC program, when available. They provide the pump, equipment and education to support appropriate use.
  - c. Single-user personal double electric breast pumps are also available for PHC members, or for lactating parents whose infant is a PHC member (who is 12 months old or younger). These pumps are available by prescription from a number of PHC contracted durable medical equipment (DME) providers. No TAR is required. PHC breast pump benefit is limited to one pump every three years.
    - 1) Providers will utilize DME order form with prescription to submit request for pump no sooner than 30 calendar days prior to the Estimated Due Date (EDD), up to 12 months after delivery.
    - 2) Providers will provide supportive pump education on how to successfully use the selected pump at a health education visit prior to the EDD.
    - 3) Providers will be reimbursed up to 1 hour for breast pump education utilizing CPSP health education codes, or billing code S9445. Office visit codes may also be used, for appropriate providers.
  - d. When infants are born at less than 36 weeks gestation and remain hospitalized, arrangements will be made on an individual case by case basis to use a multi-phase hospital grade electric pump for the initiation and maintenance of the lactating parent's milk supply while the infant is hospitalized. Specific instruction and support for the use of this pump will be provided by the hospital staff.
7. **Alternate Feeding Fluids:**
  - a. Banked Human Milk is available in limited supplies for infants with specific conditions and for whom their lactating parent's milk is temporarily not available.
    - 1) Banked Human Milk for newborns whose lactating parents are unable to breastfeed due to medical reasons is a covered benefit under PHC. Prior Authorization is required.
    - 2) Donor/processed banked breast milk requires a prescription from a physician. The prescription must specify *Processed human milk* \_\_# of ounces per day for \_\_# of weeks as well as the infant's name and Client Identification Number (CIN) along with the parent/guardian's name and phone number and a diagnosis. The prescription can be faxed or scanned and emailed to the milk bank.



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- 3) If the infant requires an increase in supply, a new prescription is needed.
- 4) For outpatient infants, the first shipment is usually for one week of milk. The parent/guardian can request up to a 2 week supply on subsequent orders.
- 5) When a hospital orders the milk, a purchase order number is required, along with the parent's address, attending physician, and whether the order is for premature milk or mature milk. The hospital can provide a verbal order and then fax a written doctor's order to the milk bank. PHC does not pay for Banked Human Milk in hospitalized recipients as the bank will bill the hospital directly in those instances.
- 6) For some newborn intensive care units (NICUs) in California, the physician may want to have a supply of processed donor milk stored in the freezer at all times. Other hospitals order donor milk when a patient needs it. The processed milk has a six-month expiration period.
- b. Special infant formulas for specific medical conditions must be prescribed by an approved Medi-Cal prescriber and dispensed to the member by a Medi-Cal Rx pharmacy provider (when approved through the State Medi-Cal Pharmacy TAR process).
  - 1) The pharmacy (prescription) benefit is carved-out to State Medi-Cal as of January 1, 2022. For State Medi-Cal authorization requirements, please refer to the State Medi-Cal Enteral Nutrition policy <https://medi-calrx.dhcs.ca.gov/home/enteral-nutrition-products/>
  - 2) WIC may be able to provide specialty infant formulas when authorization for a pharmacy TAR is pending with State Medi-Cal. Providers should check with the local WIC office for availability of interim product in urgent cases.

## VII. REFERENCES:

- A. American Academy of Pediatrics, Clinical Practice Guidelines: <https://publications.aap.org/pediatrics/collection/523/Clinical-Practice-Guidelines>
- B. Affordable Care Act, Section 4106a, Women's Health Preventive Services
- C. Hale, Thomas Wright, Krutsch, Kaytlin. *Hale's Medications & Mothers' Milk 2023: A Manual of Lactational Pharmacology*. 20<sup>th</sup> ed., New York, NY: Springer Publishing Company, 2022.
- D. Kimberlin, David W., editor. *Red Book: 2021-2024 Report of the Committee on Infectious Diseases*. 32<sup>nd</sup> ed., Itasca, IL: American Academy of Pediatrics, 2021.
- E. Infant Risk Center: Call 806-352-2519
- F. CA WIC Association: Ramping up for Reform-Quality Breastfeeding Support in Preventive Care. <https://thewichub.org/ramping-up-for-reform-quality-breastfeeding-support-in-preventive-care/>
- G. Department of Health and Human Services/Center for Medicaid and CHIP Services
- H. Medicaid Coverage of Lactation Services. CMS Bulletin
- I. DHCS All Plan Letter [\(APL\) 22-012 Revised](#) – Governor's Executive Order N-01-19 Regarding Transitioning Medi-Cal Pharmacy Benefits From Managed Care to Medi-Cal Rx (12/30/2022)
- J. DHCS [APL 22-014](#) Electronic Visit Verification Implementation Requirements (07/21/2022)
- K. PHC Website: Pregnancy & Breastfeeding - Breastfeeding Booklet <https://www.partnershiphp.org/Members/Medi-Cal/Pages/Health%20Education/Pregnancy--Breastfeeding.aspx>

## VIII. DISTRIBUTION:

- A. PHC Department Directors
- B. PHC Provider Manual

## IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

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**X. REVISION DATES:**

MCCP2020 (02/15/17)

\*03/14/18; 06/12/19; 06/10/20; 08/11/21; 03/09/22; 03/08/23; 03/13/24

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**PREVIOUSLY APPLIED TO:**

Medi-Cal (UG100309; MPUG3009; MCUP3009: 04/19/2000 to 02/15/2017)

05/16/01; 05/15/02; 10/20/04; 10/19/05; 08/20/08; 04/21/10; 09/15/10; 10/01/10; 06/20/12; 11/20/13; 08/20/14; 04/15/15; 01/20/16; 10/19/16 to 02/15/17

Healthy Families:

MPUG3009 - 10/01/2010 to 03/01/2013

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.

PHC's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.